



Behavioral Health Service Plan

Name: Muhammad Muhaymin

DOB: [REDACTED]/1973

CIS ID#: 1101103099

StateID #: A92270335

Program: Supportive

Today's Date: 12/12/2016

Individuals at Service Planning Meeting: Case Manger Kimberly Bryant, Client Muhammad Muhaymin, Guardian Mussallina Muhaymin

Recovery Goal/Person-Family Vision: Living Goal: I want own apartment.

Learning/Working Goal: I want to work part-time to earn money.

Social Goal: I want attend community groups.

Health Goal: I want to visit with PCP yearly for routine check-up.

Reasons I want to participate in this program/activity: . Muhammad is wanting help with housing, medications management, case management.

Client/family say the following needs to have happened in order for them to feel ready to leave services:

Muhammad needs to learn how to manage his symptoms and continue to stay stable.

Does the client want anyone involved in treatment at this time? ☒ Yes ☐ No

Family Member Name	Relationship	Involvement
Mussallina Muhaymin	sister	All

Person's Strengths

Type	Strength	Evidenced By
Individual	Muhammad can cook and clean	Muhammad area at the park is clean
Individual	Muhammad can drive	According to guardian Muhammad can drive a vehicle
Individual	Muhammad does get food stamps	Muhammad does get food stamps for support with food
Individual	Muhammad has Associate's Degree	Muhammad received his Associate's Degree
Individual	Muhammad has support from his dog	Muhammad has a small dog for emotional support
Individual	Muhammad has work history	Muhammad guardian stated he has worked before
Individual	Muhammad utilizes the transit system	Muhammad will utilize his bus ticket
Individual	Muhammad will attend his appointments	Muhammad will attend his appointments
Individual	Muhammad will meet with cm once a month for 2 weeks and every 90 days	Muhammad will meet with cm
Natural and Community Based Supports	Muhammad has the support of his family	Muhammad has the support of his sister and step mother
Natural and Community Based Supports	Muhammad has the support of the clinical team	Muhammad/ or guardian will contact the clinical team when needed

Objectives and Interventions

Need	Objective	Services	Frequency	Current Measure	Desired Measure	Complete Date	Met
Muhammad needs to actively participate in his mental health treatment to address	Case Management: activities may include assisting, maintaining, and	(T101653)	Supportive CM services: face to face	Current measure Muhammad will meet	Desired measure for Muhammad to continue	12/12/2017	

the symptoms of auditory hallucinations, anxiety, related to the diagnosis of 295.10 Schizophrenia Disorganized Type.	monitoring covered services, finding necessary resources to meet basic needs, coordinating care with family and other agencies involved, outreach and follow up, and other activities as needed.		contact every 30 days, quarterly home visit, and phone contact	with cm f2f once a month and every 90 days for home visits.	to meet with cm once a month for f2f and every 90 days for home visits.		
Muhammad needs to actively participate in his mental health treatment to address the symptoms of auditory hallucinations, anxiety, related to the diagnosis of 295.10 Schizophrenia Disorganized Type.	BHMP Services: Services may include ongoing medication management involving the review of effects, side effects, and adjustment of medications to prevent, stabilize, or ameliorate symptoms of a behavioral health condition.	(99211-99215, 90792, 90833, 90836, 90838, 99354, 99355, 99358, 99359)	Supportive BHMP will provide support at least every 90 days or more frequently if clinically indicated	Current measure Muhammad will attend his appointments	Desired measure for Muhammad to continue to attend his appointments	12/12/2017	
Muhammad needs to actively participate in his mental health treatment to address the symptoms of auditory hallucinations, anxiety, related to the diagnosis of 295.10 Schizophrenia Disorganized Type.	RN Services: as needed through activities that may include the measurement of vital signs, assessment and monitoring of physical/medical status, review of the effects and side effects of medications and administration of medications.	(T1002, T1016)	RN will provide support as clinically indicated based on psychiatric and medical need.	Current measure Muhammad will attend his RN appointments	Desired measure for Muhammad to be more consistent at attending his RN appointments	12/12/2017	
Muhammad needs to actively participate in his mental health treatment to address the symptoms of auditory hallucinations, anxiety, related to the diagnosis of 295.10 Schizophrenia Disorganized Type.	Rehab Specialist: Rehab Specialist services may include assessment of level of assistance he/she requires to create, plan, and successfully work towards accomplishing his/her employment/learning and social engagement goals.	(H201412, H201453, H201499, H202553, H202599, H202712, H202753, H202799)	RS will meet annually to assess level of assistance required to work towards treatment goals.	Current measure Muhammad needs to meet with RS for services.	Desired measure for Muhammad to meet with RS annually or as needed.	12/12/2017	
Muhammad needs to actively participate in his mental health treatment to address the symptoms of auditory hallucinations, anxiety, related to the diagnosis of 295.10 Schizophrenia Disorganized Type.	Peer/Family Mentor: Services may include group teaching independent living, social, and communications skills to persons and/or their families in order to maximize the person's ability to live and participate in the community and function independently.	(H003812, H003853, H003899)	Peer/Family Mentor to meet as needed to provide support for BHR as well as their family.	Current measure Muhammad needs to meet with PS/FM.	Desired measure for Muhammad to reach out to the PS/FM when needed for support services.	12/12/2017	

Muhammad needs to actively participate in his mental health treatment to address the symptoms of auditory hallucinations, anxiety, related to the diagnosis of 295.10 Schizophrenia Disorganized Type.	TRANSPORTATION: CM will support by assisting in coordinating, arranging, or providing clinically necessary transportation for medically necessary behavioral health services.	(A0110; A0120; S2015)	As needed based on clinical or medical need.	Current measure Muhammad utilize the transportation system.	Desired measure for Muhammad to continue to utilize the transportation services to attend appointments.	12/12/2018	
Living Goal: I want own apartment.	CM will assist with housing referrals and other resources for housing.	Muhammad will attend with intake for housing referrals.	Muhammad will meet with CM as needed for housing resources.	Current measure Muhammad is homeless.	Desired measure for Muhammad to attain housing.	12/12/2017	
Learning/Working Goal: I want to work part-time to earn money	RS will help Muhammad with resources for employment.	Muhammad will meet with RS for supportive employment	Muhammad will meet with RS as needed for employment.	Current measure Muhammad is not currently employed.	Desired measure for Muhammad to attain employment.	12/12/2017	
Social Goal: I want attend community groups	CM will help with resources for community groups and activities.	Muhammad will meet with RS to community support services	Muhammad will meet with RS/CM as needed for support services.	Current measure Muhammad needs to join a community group support.	Desired measure for Muhammad to find a community group he likes to attend.	12/12/2017	
Health Goal: I want to visit with PCP yearly for routine check-up	CM will schedule PCP appointment at the new clinic.	Muhammad meet with the PCP for intake.	Muhammad needs to meet with PCP as needed for health concerns.	Current measure Muhammad needs a PCP.	Desired measure for Muhammad to attend intake for PCP.	12/12/2017	

Strengths Used	Success Determined	Achieved Measure	Program
Muhammad can cook and clean, Muhammad has support from his dog , Muhammad will meet with CM once a month for f2f and every 90 days, Muhammad will attend his appointments	Success is determined by Muhammad meeting with CM f2f once a month and every 90 days for HV		Supportive
Muhammad has support from his dog , Muhammad will attend his appointments, Muhammad has the support of his family, Muhammad has the support of the clinical team	Success is determined by Muhammad attending his appointments.		Supportive
Muhammad has support from his dog , Muhammad utilize the transit system, Muhammad will attend his appointments,	Success is determined by Muhammad attending his appointment		Supportive

Muhammad has the support of his family, Muhammad has the support of the clinical team			
Muhammad car drive, Muhammad has Associate's Degree, Muhammad has support from his dog , Muhammad has work history, Muhammad utilize the transit system, Muhammad will attend his appointments, Muhammad has the support of his family, Muhammad has the support of the clinical team	Success is determined by Muhammad meeting with RS annually		Supportive
Muhammad has support from his dog , Muhammad utilize the transit system, Muhammad will attend his appointments, Muhammad will meet with cm once a month for f2f and every 90 dyas, Muhammad has the support of his family, Muhammad has the support of the clinical team	Success is determined by Muhammad meeting with PS/FM as needed for support services		Supportive
Muhammad has support from his dog , Muhammad utilize the transit system, Muhammad will attend his appointments, Muhammad will meet with cm once a month for f2f and every 90 dyas, Muhammad has the support of his family, Muhammad has the support of the clinical team	Success is determined by Muhammad utlizing the transportation services when needed		Supportive
Muhammad can cook and clean, Muhammad does get food stamps, Muhammad has support from his dog , Muhammad will attend his appointments, Muhammad will meet with cm once a month for f2f and every 90 dyas, Muhammad has the support of the clinical team	Success is determined by Muhammad attain housing.		Supportive
Muhammad has Associate's Degree, Muhammad has work history, Muhammad utilize the transit system, Muhammad will attend	Success is determined by Muhammad working part time		Supportive

his appointments, Muhammad has the support of his family, Muhammad has the support of the clinical team			
Muhammad can cook and clean, Muhammad utilize the transit system, Muhammad will meet with cm once a month for f2f and every 90 dyas, Muhammad has the support of his family, Muhammad has the support of the clinical team	Success is determined by Muhammad attending groups out in the community.		Supportive
Muhammad can cook and clean, Muhammad car drive, Muhammad has support from his dog, Muhammad will attend his appointments, Muhammad has the support of his family, Muhammad has the support of the clinical team	Success is determined by Muhammad meeting with PCP		Supportive

Additional Services

Discharge Plan

Muhammad has a guardian his sister Mussallina Muhaymin who can be reached at [REDACTED] Mussallina is also Muhammad payee when Muhammad receives his benefits. Muhammad was assessed for special assistance, and it was determined that he did need it and the form was filled out with his sister and is waiting on permeant guardianship. Therefore, temporary form was filled out. Muhammad is unable to understand the G&A process. Muhammad fully participated in his treatment plan along with his guardian Mussallina, and reported that did want his sister (Mussallina) and step mother (Annie Ruth Davis) involved in his treatment planning and appointments. Mussallina Muhaymin is Muhammad temporary guardianship until she is able to get permeant guardianship, Mussallina can be reached at [REDACTED]

☒ Yes, client has received a copy of this plan.

☐ Yes, client agrees with the types and levels of services in the ISP.

☐ No, client disagrees with the types and/or levels of some or all of the services included in the plan. By checking this box, client will receive the services agreed to receive and may appeal the treatment team's decision to not include all types and/or levels of service that have been requested.

☐ Client has received a Notice of Action (PM Form 5.1.1 if disagreement concerns a Title XIX/XXI covered service)

☐ Client has received the Notice of Decision & Right to Appeal for Individual with a Serious Mental Illness (PM Form 5.5.1 if disagreement pertains to a Non-Title XIX/XXI covered service).

Service Plan Rights Acknowledgement for Persons who are Title XIX/XXI and/or SMI:

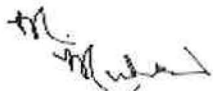
My service plan has been reviewed with me by my behavioral health provider. I know what services I will be getting and how often. All changes in the services have been explained to me. I have marked my agreement and/or disagreement with each service. I know that in most cases, any reductions, terminations, or suspensions (stopping for a set time frame) of current services will begin no earlier than 10 days from the date of the plan. I know that I can ask for this to be sooner.

If I do not agree with some or all of the services that have been authorized in this plan, I have noted that on my plan. I know if the service asked for was denied, reduced, suspended or terminated, that my behavioral health provider will give me a letter that tells me why the decision was made. That letter will tell me how to appeal the decision that has been made about my services. The letter will also tell me how I can request continued services.

My behavioral health provider has told me how the appeal process works. I know how I can appeal service changes I do not agree with. I know that I can change my mind later about services I agree with today. I know that if I change my mind before the changes go into effect, I will get a letter that tells me the reason my services changed. The letter will also tell me about my appeal rights.

I know that if I need more services or other services than what I am getting, I can call my behavioral health provider at (602)278-1414 - to talk about this. My behavioral health provider will call me back within 3 working days. Once I have talked with my behavioral health provider, s/he will give me a decision about that request within 14 days. If the behavioral health provider is not able to make a decision about my request within 14 days, s/he will send me a letter to let me know more time is needed to make a decision.

Review Date (Objective Target Date):12/12/2017



Signed By: Mussallina Muhaymin

Person/Guardian

12/12/2016

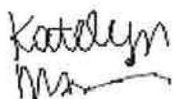
Date

Electronically signed by: Kimberly Bryant BHT /s/

Signature

12/12/2016

Date



Signed By: Martino BPP, Katelyn

Participant Signature

12/12/2016

Date

{SIGNATURE PAD}

Participant Signature

12/12/2016

Date

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Participant Signature

12/12/2016

Date

***For Behavioral Health Professional Signatures see BHServicePlanAttestation**

CIS ID: 1101103099

AHCCCS ID: A92270335